

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003393

FILED  
Jan 12, 2008  
Secretary of State

**Entity Name:** ARTHRITIS SURGERY RESEARCH FOUNDATION, INC.

**Current Principal Place of Business:**

3661 S. MIAMI AVE., STE 610  
MIAMI, FL 33133 US

**New Principal Place of Business:**

**Current Mailing Address:**

3661 S. MIAMI AVE., STE 610  
MIAMI, FL 33133 US

**New Mailing Address:**

**FEI Number:** 65-0797507

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAVERNIA, CARLOS J MD  
3661 S. MIAMI AVE., STE 610  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAVERNIA, CARLOS J MD  
Address: 3659 S. MIAMI AVE., STE 4008  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: TORRES, ALEX M  
Address: 2333 1ST AVENUE, STE 102  
City-St-Zip: SAN DIEGO, CA 92101

Title: D ( ) Delete  
Name: LAVERNIA, ENRIQUE  
Address: 1412 TREASURE LANE  
City-St-Zip: SANTA ANA, CA 92705

Title: D ( ) Delete  
Name: LEGASPI, ADRIAN M.D.  
Address: 4306 ALTON ROAD, 3RD FLOOR  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS J LAVERNIA MD

D

01/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date